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VIA FACSIMILE: (571)-273-8300

Atty. Docket No. MIC35 P-334

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit

1641

:

Examiner

Mary Ceperley

**Applicants** 

Petar R. Dvornic et al.

Appln. No.

10/712,739

Filing Date

November 13, 2003

Confirmation No.

8890

For

SOLID-STATE COLORIMETRIC BIOSENSORS COMPRISED

OF DENDRITIC POLYMER NETWORKS

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Dear Sir:

### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted in response to the Office Action mailed June 28, 2005, by facsimile to the Patent and Trademark Office on the date shown below:

- 1. Claims As Amended Cover Sheet (in duplicate), and
- 2. Supplemental Amendment (consisting of six (6) pages).

YOU SHOULD RECEIVE A TOTAL OF 11 PAGES.

September 27, 2005

Date

eborah a. Clarke Deborah A. Clark

Price, Heneveld, Cooper, DeWitt & Litton, LLP

695 Kenmoor, S.E.

Post Office Box 2567 Grand Rapids, Michigan 49501

(616) 949-9610

# Fax: 6169578196RECEIVEDSep 27 2005 14:14 **CENTRAL FAX CENTER**

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Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a Supplemental Amendment in response to the Office Action mailed June 28, 2005 for the above-identified application.

Any fee for additional claims has been calculated as shown below:

### **CLAIMS AS AMENDED**

	Col. 1		Col. 2	Col. 3	Small	Entity	Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'i Fee	Rate	Add'l Fee
Total Claims	* 27	Minus	** 30	= 0	x \$25	\$0	X \$ 50	\$
Independent Claims	* 3	Minus	*** 3	= 0	х 100	\$0	X \$200	\$
First Presentation of Multiple Dependent Claims \$180						\$0	X \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0		\$

- If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.0.
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in \*\*\*

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Fax:6169578196

Applicants

Petar R. Dvornic et al.

Appln. No.

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Page

2

# Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'iFee	Rate (each add'l 50 pages over 100)	Add'l Fee
1	Minus	*2	=**0	x \$125	\$0	X \$250	\$

One "group" is a set of 50 application (specification, claims, abstract, and drawings) pages.

- \* If the entry in Col. 2 is more than the entry of Col. 1, write "0" in Col. 3
- \*\* If the entry in Col. 3 is not "0," pay the required fee.
- 1. Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
- 2. X No additional fee is required.
- 3. A fee of \$\_\_\_\_ to cover the cost of the additional claims added by this response is enclosed.
- 4. A fee of \$\_\_\_ to cover the application size fee is enclosed.
- 5. X Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

Respectfully submitted,

September 27, 2005

Date

Gunther J. Evanina, Registration No. 35 502

Price, Heneveld, Cooper, DeWitt & Litton, LLP

695 Kenmoor, S.E. Post Office Box 2567

Grand Rapids, Michigan 49501

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Alexandria, Virginia 22313-1450

Dear Sir:

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Any fee for additional claims has been calculated as shown below:

### **CLAIMS AS AMENDED**

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Independent Claims	* 3	Minus	*** 3	= 0	x 100	\$0	X \$200	\$
First Presentation of Multiple Dependent Claims \$180						\$0	X \$360	\$
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0		\$

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- \*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.0.
- \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

Applicants

Petar R. Dvornic et al.

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Page

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### Each Additional Group of 50 Pages That Exceeds 100 Pages

Col. 1		Col. 2	Col. 3	Small Entity		Other Small	Than A Entity
No. of Groups Remaining After Amendment		Highest No. of Groups Previously Paid For	Present Extra Groups	Rate (each add'l 50 pages over 100)	Add'lFee	Rate (each add'1 50 pages over 100)	Add'l Fee
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- 2. X No additional fee is required.
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Dear Sir:

### SUPPLEMENTAL AMENDMENT

In response to the Office Action mailed June 28, 2005, and as a supplement to the amendment filed September 22, 2005, Applicants request reconsideration in view of the following amendments and remarks.

Please amend the above-referenced application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.